

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***OKLAHOMA* 1999 TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Oklahoma Data Comments
Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.
Enrollment: Oklahoma’s enrollment in some adult and child groups fluctuated greatly during the last six months of 1999. Services during months when no enrollment was reported are not included on these tables.
Inpatient Days: Oklahoma’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” days in length, and explains the other low numbers that appear for some groups on Table 4.

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

Enrollment: Oklahoma's enrollment in some adult and child groups fluctuated greatly during the last six months of 1999. Services during months when no enrollment was reported are not included on these tables.

Inpatient Days: Oklahoma’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “0” days in length, and explains the other low numbers that appear for some groups on Table 4.

**OKLAHOMA DATA QUALITY
AND COMPLETENESS**

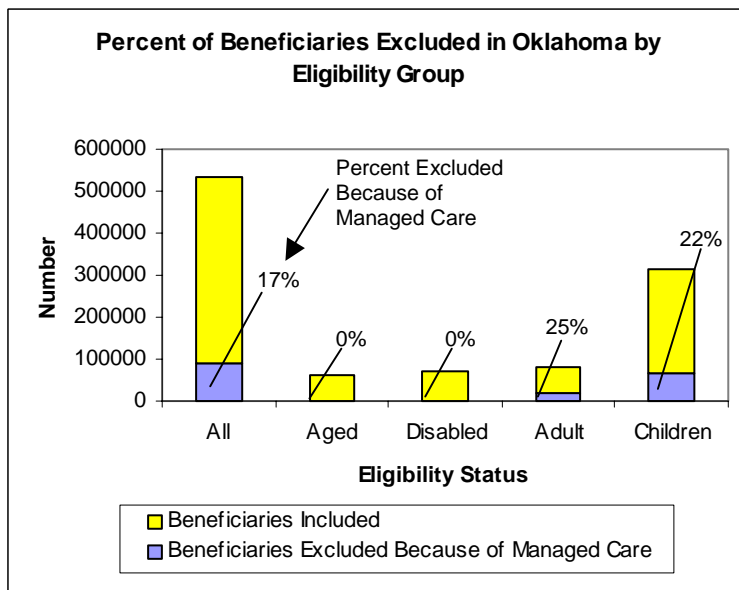
Poor **Good**

1 2 3 4



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Oklahoma's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
OKLAHOMA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	533,438	100%	443,977	83%	\$1,383,374,776	100%	\$1,131,399,509	82%
Age								
0-3	99,824	19%	75,467	76%	\$126,290,398	9%	\$53,744,629	43%
4-5	37,322	7%	30,277	81%	\$24,171,452	2%	\$10,232,889	42%
6-12	114,595	21%	91,315	80%	\$109,516,751	8%	\$59,269,139	54%
13-18	70,499	13%	57,263	81%	\$113,611,698	8%	\$75,635,334	67%
19-21	20,037	4%	16,249	81%	\$41,957,969	3%	\$25,604,570	61%
22-44	87,436	16%	70,802	81%	\$312,188,300	23%	\$261,617,239	84%
45-64	38,164	7%	37,046	97%	\$217,048,042	16%	\$206,892,371	95%
65 and older	64,025	12%	64,024	100%	\$438,576,016	32%	\$438,397,107	100%
Gender								
Female	318,577	60%	264,728	83%	\$823,680,372	60%	\$670,182,686	81%
Male	214,861	40%	179,249	83%	\$559,694,404	40%	\$461,216,823	82%
Race								
White	343,530	64%	292,991	85%	\$1,047,819,430	76%	\$895,625,951	85%
Black	90,979	17%	67,679	74%	\$180,209,262	13%	\$127,774,899	71%
Hispanic	29,969	6%	24,968	83%	\$33,253,843	2%	\$18,740,066	56%
American Indian/Alaskan Native	64,797	12%	54,895	85%	\$115,995,806	8%	\$84,986,311	73%
Asian/Pacific Islander	4,163	1%	3,444	83%	\$6,096,435	0%	\$4,272,282	70%
Other/Unknown	0	0%	0	0%	\$0	0%	\$0	0%
Dual Status								
Aged Duals with Full Medicaid	50,110	9%	50,109	100%	\$421,774,617	30%	\$421,698,649	100%
Disabled Duals with Full Medicaid	21,630	4%	21,629	100%	\$221,619,385	16%	\$221,022,956	100%
Duals with Limited Medicaid	17,474	3%	17,474	100%	\$11,474,789	1%	\$11,445,971	100%
Other Duals	442	0%	354	80%	\$739,620	0%	\$459,579	62%
Disabled Non-Duals	44,339	8%	44,175	100%	\$318,341,790	23%	\$296,145,760	93%
All Other Non-Duals	399,443	75%	310,236	78%	\$409,424,575	30%	\$180,626,594	44%
Eligibility Group								
Aged	63,123	12%	63,123	100%	\$434,373,343	31%	\$434,207,165	100%
Disabled	72,777	14%	72,612	100%	\$548,438,018	40%	\$525,603,547	96%
Adults	82,473	15%	62,170	75%	\$91,907,137	7%	\$30,059,823	33%
Children	315,065	59%	246,072	78%	\$308,656,278	22%	\$141,528,974	46%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
OKLAHOMA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	443,977	46,349	10%	\$1,131,399,509	\$385,105,193	34%
Age						
0-3	75,467	583	1%	\$53,744,629	\$1,207,476	2%
4-5	30,277	1,526	5%	\$10,232,889	\$3,874,373	38%
6-12	91,315	9,545	10%	\$59,269,139	\$38,700,003	65%
13-18	57,263	7,274	13%	\$75,635,334	\$49,502,610	65%
19-21	16,249	959	6%	\$25,604,570	\$7,251,573	28%
22-44	70,802	10,671	15%	\$261,617,239	\$77,170,473	30%
45-64	37,046	7,739	21%	\$206,892,371	\$81,120,358	39%
65 and Older	64,024	8,052	13%	\$438,397,107	\$126,278,327	29%
Gender						
Female	264,728	26,757	10%	\$670,182,686	\$220,659,381	33%
Male	179,249	19,592	11%	\$461,216,823	\$164,445,812	36%
Race						
White	292,991	34,439	12%	\$895,625,951	\$303,573,530	34%
Black	67,679	6,616	10%	\$127,774,899	\$49,084,244	38%
Hispanic	24,968	743	3%	\$18,740,066	\$3,300,446	18%
American Indian/Alaskan Native	54,895	4,400	8%	\$84,986,311	\$28,372,764	33%
Asian/Pacific Islander	3,444	151	4%	\$4,272,282	\$774,209	18%
Other/Unknown	0	0	0%	\$0	\$0	0%
Dual Status						
Aged Duals with Full Medicaid	50,109	7,512	15%	\$421,698,649	\$121,786,643	29%
Disabled Duals with Full Medicaid	21,629	6,126	28%	\$221,022,956	\$75,814,250	34%
Duals with Limited Medicaid	17,474	1,183	7%	\$11,445,971	\$2,587,750	23%
Other Duals	354	58	16%	\$459,579	\$189,198	41%
Disabled Non-Duals	44,175	11,095	25%	\$296,145,760	\$105,358,629	36%
All Other Non-Duals	310,236	20,375	7%	\$180,626,594	\$79,368,723	44%
Eligibility Group						
Aged	63,123	7,927	13%	\$434,207,165	\$124,658,681	29%
Disabled	72,612	18,171	25%	\$525,603,547	\$184,009,361	35%
Adults	62,170	3,678	6%	\$30,059,823	\$3,008,380	10%
Children	246,072	16,573	7%	\$141,528,974	\$73,428,771	52%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
OKLAHOMA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	5,459	12%	129	1%	4,668	25%	662	8%
Major depression and affective psychoses	8,033	17%	1,221	6%	4,915	27%	1,897	24%
Other psychoses	1,694	4%	127	1%	655	4%	912	11%
Childhood psychoses	343	1%	303	2%	38	0%	2	0%
Neurotic & other depressive disorders	12,343	27%	3,394	17%	5,606	30%	3,343	42%
Personality disorders	171	0%	34	0%	112	1%	25	0%
Other mental disorders	733	2%	112	1%	190	1%	431	5%
Special symptoms or syndromes	1,116	2%	379	2%	544	3%	193	2%
Stress & adjustment reactions	6,366	14%	4,746	24%	1,125	6%	495	6%
Conduct disorders	2,683	6%	2,147	11%	454	2%	82	1%
Emotional disturbances	3,388	7%	3,356	17%	27	0%	5	0%
Hyperkinetic syndrome	4,004	9%	3,924	20%	76	0%	4	0%
No Diagnosis	16	0%	15	0%	0	0%	1	0%
Total	46,349	100%	19,887	100%	18,410	100%	8,052	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
OKLAHOMA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	24	9%	4
	4-5	9	17	3	0	11	2%	14	12	2%	2
	6-12	163	52	25	2	172	5%	50	45	1%	10
	13-18	390	57	50	3	409	13%	55	146	5%	4
	19-21	30	14	14	1	44	7%	10	71	12%	3
	22-44	1	42	457	2	458	7%	3	828	12%	2
	45-64	0	0	349	2	349	7%	2	1,170	22%	2
	65+	5	93	261	0	265	4%	2	2,019	32%	0
	All Ages	598	53	1,159	2	1,708	6%	20	4,315	16%	1
Male	0-3	3	27	0	0	3	1%	27	26	9%	5
	4-5	16	32	2	3	17	2%	30	15	2%	16
	6-12	416	57	57	4	441	7%	54	77	1%	2
	13-18	531	76	84	4	558	14%	73	103	3%	5
	19-21	47	23	13	5	56	16%	20	25	7%	5
	22-44	0	0	300	2	300	8%	2	405	11%	2
	45-64	0	0	185	2	185	7%	2	521	21%	2
	65+	4	76	65	0	69	4%	5	647	36%	0
	All Ages	1,017	65	706	3	1,629	8%	42	1,819	9%	2
Total	0-3	3	27	0	0	3	1%	27	50	9%	4
	4-5	25	26	5	1	28	2%	24	27	2%	10
	6-12	579	55	82	4	613	6%	53	122	1%	5
	13-18	921	68	134	4	967	13%	65	249	3%	5
	19-21	77	19	27	3	100	10%	16	96	10%	4
	22-44	1	42	757	2	758	7%	3	1,233	12%	2
	45-64	0	0	534	2	534	7%	2	1,691	22%	2
	65+	9	85	326	0	334	4%	3	2,666	33%	0
	All Ages	1,615	60	1,865	2	3,337	7%	30	6,134	13%	1

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
OKLAHOMA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	61	22%	0.07	1.57	1.64	3,283	9%	1.29
	4-5	101	16%	0.01	1.32	1.33	731	5%	1.22
	6-12	435	12%	0.07	1.27	1.34	1,508	4%	1.19
	13-18	652	21%	0.14	1.56	1.69	1,445	5%	1.29
	19-21	158	26%	0.27	2.20	2.47	1,265	9%	1.32
	22-44	2,168	31%	0.24	2.34	2.58	4,887	10%	1.65
	45-64	2,033	39%	0.20	2.37	2.57	3,995	23%	1.97
	65+	2,611	42%	0.10	2.07	2.16	10,073	24%	1.79
	All Ages	8,219	31%	0.16	2.12	2.28	27,189	11%	1.63
Male	0-3	69	23%	0.03	1.41	1.43	3,855	10%	1.31
	4-5	147	17%	0.02	1.31	1.33	861	6%	1.24
	6-12	744	13%	0.08	1.26	1.34	1,613	4%	1.26
	13-18	777	19%	0.12	1.44	1.56	1,199	5%	1.28
	19-21	97	27%	0.47	1.85	2.32	220	13%	1.65
	22-44	1,289	35%	0.40	2.34	2.74	2,361	19%	1.80
	45-64	923	36%	0.21	2.30	2.51	2,590	21%	1.89
	65+	784	43%	0.09	2.13	2.21	3,273	22%	1.87
	All Ages	4,830	25%	0.20	1.93	2.14	15,973	10%	1.59
Total	0-3	130	22%	0.05	1.48	1.53	7,138	10%	1.30
	4-5	248	16%	0.02	1.31	1.33	1,592	6%	1.23
	6-12	1,179	12%	0.08	1.26	1.34	3,121	4%	1.23
	13-18	1,429	20%	0.13	1.49	1.62	2,644	5%	1.29
	19-21	255	27%	0.35	2.07	2.41	1,485	10%	1.37
	22-44	3,457	32%	0.30	2.34	2.64	7,248	12%	1.70
	45-64	2,956	38%	0.20	2.35	2.55	6,585	22%	1.94
	65+	3,395	42%	0.09	2.08	2.18	13,346	24%	1.81
	All Ages	13,049	28%	0.18	2.05	2.23	43,162	11%	1.62

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
OKLAHOMA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	961	1%	63	11%	898	1%
4-5	905	3%	355	23%	550	2%
6-12	6,566	7%	4,482	47%	2,084	3%
13-18	4,706	8%	3,158	43%	1,548	3%
19-21	1,182	7%	510	53%	672	4%
22-44	14,295	20%	7,451	70%	6,844	11%
45-64	13,502	36%	5,975	77%	7,527	26%
65+	24,024	38%	6,149	76%	17,875	32%
All Ages	66,142	15%	28,143	61%	37,999	10%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OKLAHOMA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	129	51%	81%	29%	9%	9%	63%	3%
Major depression and affective psychoses	1,221	48%	23%	12%	5%	12%	31%	21%
Other psychoses	127	39%	47%	13%	0%	15%	39%	11%
Childhood psychoses	303	35%	32%	22%	3%	17%	32%	27%
Neurotic & other depressive disorders	3,394	32%	9%	9%	1%	12%	17%	30%
Personality disorders	34	21%	32%	18%	0%	12%	24%	29%
Other mental disorders	112	22%	16%	10%	1%	10%	19%	30%
Special symptoms or syndromes	379	14%	6%	10%	0%	6%	8%	46%
Stress & adjustment reactions	4,746	12%	4%	4%	0%	10%	7%	45%
Conduct disorders	2,147	23%	14%	6%	1%	14%	18%	34%
Emotional disturbances	3,356	27%	13%	6%	1%	24%	21%	31%
Hyperkinetic syndrome	3,924	21%	9%	6%	0%	69%	24%	9%
No Diagnosis	15	27%	0%	0%	0%	0%	0%	7%
Total	19,887	24%	11%	7%	1%	25%	18%	57%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OKLAHOMA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	4,668	42%	77%	33%	7%	0%	54%	6%
Major depression and affective psychoses	4,915	58%	30%	40%	9%	1%	46%	13%
Other psychoses	655	38%	59%	35%	2%	0%	47%	13%
Childhood psychoses	38	29%	50%	47%	0%	3%	39%	13%
Neurotic & other depressive disorders	5,606	51%	12%	45%	1%	0%	34%	18%
Personality disorders	112	53%	31%	48%	2%	1%	47%	11%
Other mental disorders	190	37%	29%	27%	2%	1%	30%	29%
Special symptoms or syndromes	544	33%	9%	29%	0%	0%	18%	34%
Stress & adjustment reactions	1,125	42%	13%	34%	1%	1%	26%	28%
Conduct disorders	454	38%	49%	38%	4%	0%	39%	18%
Emotional disturbances	27	44%	33%	48%	7%	0%	52%	26%
Hyperkinetic syndrome	76	33%	14%	17%	3%	30%	28%	18%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	18,410	49%	36%	39%	5%	1%	42%	27%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OKLAHOMA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	662	41%	80%	41%	4%	0%	56%	8%
Major depression and affective psychoses	1,897	64%	37%	49%	3%	1%	52%	15%
Other psychoses	912	40%	41%	38%	0%	0%	38%	26%
Childhood psychoses	2	50%	0%	50%	0%	0%	50%	50%
Neurotic & other depressive disorders	3,343	56%	27%	49%	0%	1%	42%	18%
Personality disorders	25	44%	52%	40%	0%	0%	48%	16%
Other mental disorders	431	30%	33%	30%	0%	0%	27%	37%
Special symptoms or syndromes	193	35%	24%	43%	1%	1%	30%	29%
Stress & adjustment reactions	495	46%	25%	43%	0%	0%	36%	26%
Conduct disorders	82	38%	60%	51%	0%	0%	51%	15%
Emotional disturbances	5	40%	80%	0%	0%	0%	40%	20%
Hyperkinetic syndrome	4	25%	0%	0%	0%	0%	0%	75%
No Diagnosis	1	100%	0%	0%	0%	0%	0%	0%
Total	8,052	52%	36%	45%	1%	1%	44%	24%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).